

## **CERTIFICATE OF EXPRESS MAILING**

	"EXPRESS MS Par	S MAIL - F tent Applic	prespondence and patent application are being deposited with the U.S. Postal Service as POST OFFICE TO ADDRESSEE" under 37 CFR 1.10 in an envelope addressed to: cation, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 23, 2003.  Pl No_EU 974861466 US  David A. Lowin	10/626012	
-	Signature	) N	H. L. Date: 7/23/03	22(	
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE					
In Re	New Patent Ap	plicatio	on		
INVEN	ENTORS: Gustave BERGNES; Whitney W. SMITH; Bing YAO; David J. MORGANS, JR., and Andrew MACDONALD.				
TITLE	:	COMF	POUNDS, COMPOSITIONS, AND METHODS		
Comm P.O. E	op PATENT AP nissioner for Pate Box 1450 ndria, VA 22313	ents	TION		
Sir:		NEW	PATENT APPLICATION TRANSMITTAL LETTER		
			ng is the above-entitled Patent Application, including the following nstructions, as indicated:	g papers,	
[X]	Specification		(Total pages including Claims and Abstract <u>64</u> ) (Plus Certificate of Mailing Cover Sheet <u>1</u> )		
[]	Combined Declaration and Power of Attorney				
[]	Formal Drawin	ıgs	( Sheets)		
[]	Informal Drawi	ings	( Sheets)		
[]	Sequence I.D. Listing with Disc				
[]	Information Disclosure Statement (37 CFR 1.56, 1.97 and 1.98)				

**Preliminary Amendment** 

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[X]

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[X] This application is filed <u>without</u> an inventors' Declaration, Power of Attorney, or Assignment. Applicants request the Patent and Trademark Office to accept this application and accord a Serial Number and Filing Date as of the date this application was deposited with the U.S. Postal Service as Express Mail. Further, the Applicants request that the NOTICE OF MISSING PARTS - FILING DATE GRANTED be sent to Applicants' undersigned representative.

Please address all future written communications to:

DAVID A. LOWIN P.O. Box 620535 Woodside, CA 94062-0535

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## **Deposit Account Authorization**

The required fee is calculated below:

Basic Filing Fee: (\$750/\$375)	\$750.00
Independent claims: <u>2</u> (-3 = <u>0</u> @ \$84/\$42 each)	\$ 0.00
Total claims: <u>67</u> (-20 = <u>47</u> @ \$18/\$9 each)	\$846.00
Multiple Dependency Fee: (\$280/\$140)	\$280.00
TOTAL FILING FEE DUE:	

[X] Please charge \$1,876.00 to Deposit Account No. 50-1339 and charge any additional fees that may be required, or credit any overpayment to Account No. 50-1339. This is not, however, an authorization to pay the issue fee.

Respectfully submitted,

David A. Lowin

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